

CIMOR Level of Care (LOC) System

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MO Division of DD

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Acronyms

- ▶ CMS: Center for Medicare and Medicaid Services
- ▶ CIMOR: Customer Information Management Outcomes & Reporting
- ▶ LOC: Level of Care
- ▶ RO: Regional Office
- ▶ SC: Support Coordinator
- ▶ SCS: Support Coordinator Supervisor

Acronyms

- ▶ A.D.: Assistant Director (RO)
- ▶ TAC: Technical Assistant Coordinator (RO)
- ▶ ISP: Individual Support Plan
- ▶ DD: Division of Developmental Disability
- ▶ SB40: Senate Bill 40
- ▶ DCR: Data Central Reports

CMS

- Center for Medicare and Medicaid Services
- Federal: Waiver application approval

MO HealthNet

- Missouri Medicaid
- State: Waiver compliance oversight

DD

- Division of Developmental Disabilities
- Waiver implementation & monitoring



Hierarchy

Agenda

- ▶ CMS LOC Requirements & Assurances
- ▶ Electronic LOC determination
 - Involves utilization of Customer Information Management Outcomes & Reporting (CIMOR)
 - Implementation July 1
- ▶ Updated LOC instruction sheet
- ▶ Overview of ISP Reviews

CMS Waiver Requirements

- ▶ Level of Care determination is required for all new applicants and current participants in the five waivers
 - If ineligible, the reason for ineligibility must be noted
- ▶ Completed annually / 365 days by a qualified Support Coordinator (SC)
- ▶ Regional Office staff determines final eligibility

CMS Waiver Requirements

- ▶ Level of Care (LOC) determination instrument is used to determine waiver eligibility
 - An assessment of the individual is conducted prior to determination
 - Adults: Missouri Critical Adaptive Behaviors Inventory (MOCABI)
 - Children: Vineland or other age appropriate tool

CMS Waiver Requirements

- ▶ Level of Care Determination must document the following:
 - individual has mental retardation or a related condition;
 - limitations in 3 or more major life activities;

CMS Waiver Requirements

- ▶ Level of Care Determination must document the following (con't.):
 - individual needs continuous active treatment in one or more major life activities
 - Summary indicating without HCB waiver services the person would be eligible for ICF/MR services
 - MR – federal terminology

CMS Waiver

- ▶ Medicaid waiver goal is to provide services in the community instead of ICF/MR services
 - Cost neutral

CMS Assurances

- An evaluation for LOC is provided to all applicants for whom there is reasonable indication services may be needed in the future.
- The LOCs of enrolled participants are reevaluated at least annually (365 days).
- The LOC processes and instruments described in the approved waiver are applied appropriately.

Directive & Instructions


- It is the responsibility of the SC to complete the LOC in accordance with Directive 4.060 –Individual Support Plan Guidelines, Training and Reviews and the waiver application
- LOC Instructions Updated
 - CIMOR LOC DETERMINATION posted

LOC Responsibilities

- ▶ Support Coordinators (SC)
 - Complete LOCs
- ▶ Support Coordinator Supervisors (SCS)
 - Approve LOCs
- ▶ RO Assistant Director / designee
 - Review LOCs to comply with waiver applications

Consumer Resources

- ▶ DD Private Support Coordinator Supervisor and DD Support Coordinator Supervisor added



Test

Consumer

Face Sheet

Demographics

Benefit/Eligibility

Consumer Res

Contact Log

Screenings

View Assmt

GPRA

Episodes of Care

Change Organization

My Organization

CO Functions

EMT

Administration

Reports

Minnie M Mouse
DMH ID 1

Trina Cookson, Hannibal Regional Office

H1N1, Glasses

List Consumer Resources

Staff / Int Parties

Consumers

Community Agencies

Person Resources

Organization Resources

| | Name | Relationship | Employee | Practitioner | Primary | Emergency | From |
|----------------------|----------------|--|----------|--------------|---------|-----------|------------|
| View | Guardian, Test | Guardian | No | No | No | Yes | 07/01/2011 |
| View | Ben, Gentle | DD Provider Representative | Yes | No | No | No | 08/01/2011 |
| View | Duck, Daffy | DD RN | Yes | No | No | No | 08/01/2011 |
| View | Mouse, Mickey | DD Private Service Coordinator | No | No | No | No | 08/01/2011 |
| View | Pig, Porky | DD Private Service Coordinator Team Supervisor | Yes | No | No | No | 08/01/2011 |

Add

Consumer Resources

- ▶ Adding a supervisor and relationship
 - Locate name → select

CIMOR Train

Minnie M Mouse DMH ID 1 Trina Cookson, Sample Contract Provider

Add Consumer Resource: Staff and Interested Parties

☒ My Organization Only

Last Name
 First Name
 Middle

ID Number
 ID Type

Employment Type
 Practitioner Group

Resource Type:
 ☒ DMH / Provider Employee
☐ Contracted Worker / Other Resource

☐ Practitioner ☐ Non-Practitioner
 ☐ Practitioner ☐ Non-Practitioner

| | Name | Gender | Organization | DMH / Provider Employee | Pr |
|------------------------|-------------|--------|---------------------------|-------------------------|----|
| Select | Duck, Daffy | Female | Sample Contract Provider, | Yes | |
| 1 | | | | | |

Consumer Resources

- ▶ Adding a supervisor and relationship
 - Resource From Date: 01/01/2012
 - Relationship: DD Private SC Team Supervisor (SB40)
DD SC Team Supervisor (RO)

Add Consumer Resource: Staff and Interested Parties

 Save  Cancel

Name Duck, Daffy

DMH/Prov Employee Yes

Practitioner No

Gender Female

Organization Sample Contract Provider,

Resource From Date * 01/01/2012

Resource To Date

Primary Contact ☐ (Yes)

Emergency Contact ☐ (Yes)

Support Level

Restriction

Instructions

Relationship * DD Private Service Coordinator Team Supervi

From Date * 01/01/2012

To Date

 Add

Relationship

From Date

To Date

Consumer Resources

- ▶ Adding a supervisor and relationship
 - Add → Save
 - Title & From Date appear in box

Add Consumer Resource: Staff and Interested Parties

Name **Duck, Daffy**

DMH/Prov Employee **Yes** Practitioner **No** Gender **Female**

Organization **Sample Contract Provider,**

Resource From Date * Resource To Date

Primary Contact ☐ (Yes) Emergency Contact ☐ (Yes) Support Level

Restriction Instructions

Relationship * From Date * To Date

| Relationship | From Date | To Date | Delete | Edit |
|--|------------|---------|------------------------|----------------------|
| DD Private Service Coordinator Team Supervisor | 01/01/2012 | | Delete | Edit |

Human Resources – Email

- ▶ Human Resources
 - Enter supervisor's name
 - Review email tab; add if not listed

Bed Assignment
Community Agy
+ Consumer Bank
Consumer Grp
Diagnosis Master
FI Timesheet
Health Inv
Human Res
Insurance Plans
Org Search

View Human Resource

Duck, Daffy

| Name | Aliases | Addresses | Emails | Phones | IDs | Languages | Employment | Groups |
|----------------------|---------------------|-----------|--------|--------|-----|-----------|------------|---------|
| Email Address | | | | | | | | Primary |
| Edit | daffyduck@gmail.com | | | | | | | Yes |
| Add | | | | | | | | |

CIMOR LOC Access – Private TCM

- ▶ Update (add/edit) accessibility automatically added to DD Private TCM Provider roles:
 - DD Private TCM Provider Regional Office User
 - DD TCM Provider Consumer and Services
- ▶ Therefore, TCM SC and SCS will **not** need to request role access separately as long as staff have one of the roles

CIMOR LOC Access – Private TCM

- ▶ If staff do not have one of the two roles then request thru CIMOR Access Request Application (ARA)
 - DD Private TCM Provider Regional Office User
 - DD TCM Provider Consumer and Services

CIMOR LOC Access – RO

► DMH Online

- CIMOR Access Request Application (ARA)
 - Existing User Change Request



CIMOR LOC Access – RO

▶ Select Add

- Level of Care Determination Update
 - SC
 - SCS
 - A.D.
 - TAC
- Level of Care Determination View
 - UR
 - QE
 - State QE
 - Federal Programs Unit

CIMOR LOC

- Current LOC Episode of Care page will end



- LOC history available thru DCR


➤ <http://datacentralreports.dmh.state.mo.us/>

CIMOR LOC

- Accessing CIMOR LOC
 - Select individual in services
 - Screenings
 - LOC tab

CIMOR LOC

- New page implementing July 1



- Consumer
 - Face Sheet
 - Demographics
 - Benefit/Eligibility
 - Consumer Res
 - Contact Log
 - Screenings**
 - View Assmt

Charles Wayne Edwards - DMH ID 000000

DD Hannibal Regional Office 5/1/1981 - Open

List Assessment Screenings

| | | | | | | |
|-------|----------|---------------|---------|------------------|-------|------------|
| SATOP | CAGE AID | Mental Health | Veteran | Health Inventory | Other | LOC |
|-------|----------|---------------|---------|------------------|-------|------------|

| Referral Number | Screener Site | Screening Date | Second Opinion | S |
|-----------------|---------------|----------------|----------------|---|
|-----------------|---------------|----------------|----------------|---|

Auto Populated Fields

- ▶ Individual name
- ▶ Individual DMH ID
- ▶ Support Coordinator (SC)
- ▶ Support Coordinator Supervisor (SCS)
- ▶ Authorizing Organization
- ▶ Determination Date
- ▶ Diagnosis
- ▶ Section II. B. defaults to 'yes'
- ▶ Section IV defaults to 'case record'

Instructional Text Boxes



- ▶ Appear when hovering over fields.

Add Level Of Care Determination

A Consumer Resource for Team Supervisor is required before Adding. Save

Evaluation of need for an ICF-MR Level of Care and Eligibility for the DD Waiver Consumer [Mouse, Minnie M](#) DMHID [1](#)

Determination Type: ☒ Initial ☐ Redetermination ☐ Significant Change Determination Date [05/21/2012](#)

Service Coordinator [Mi](#) [Hannibal Regional Office](#)

The purpose of this evaluation is to determine if the above named person has a need for the level of care not provided services under Missouri's Home and Community-Based Waiver for persons with intellectual disabilities.

Instructional Text Box:
INITIAL: This is the first time the person has been evaluated for ICF/MR LOC to determine eligibility for an initial waiver slot. REDETERMINATION: Individual has been participating in the waiver. SIGNIFICANT CHANGE: Mid-year determination due to an individual's change in need.

System Features

- Assessment Type
 - Options are dependant upon person's age
 - MOCABI: age 19 and older
 - Vineland or Other: age 16 and younger
 - MOCABI, Vineland or Other: ages 17 & 18

System Features

- Assessment/Evaluation Comment box
 - Other assessment tool(s) details
 - If ineligible, reason for ineligibility
 - If determination was >365 days reason for delay and plan of action to prevent future occurrences
 - Submitted to MO HealthNet

System Features

- Section II.B. Continuous Active Treatment Program
 - If yes, system requires at least one limitation be checked
 - If Other is selected system requires data entry in field box
 - If no, system deactivates remaining fields
 - Allows for Team Supervisor and RO signature

System Features

- Section III. ICF/MR Support Needs
 - If either yes or no checked, system requires data entry in field box
 - If no is checked system indicates person ineligible in red text

III. Is there a reasonable indication, based on your observation and assessment of this person's physical, mental, and environmental condition, this individual has needs that could be met with ICF/MR services unless provided home and community based services and a waiver?

☐ Yes ☒ No

This consumer has been determined ineligible for the ICF/MR Waiver.

Summarize the information that supports the above conclusion:

- Once all fields complete select SAVE

System Features

- If determination is incomplete **red text** notification appears at the top and system will not save
- Team Supervisor must be added to Consumer Resources in order for LOC to successfully save

Add Level Of Care Determination

III - A Comment must be entered when 'Yes or No' is indicated



Printing Option

- Once successfully saved Print button appears



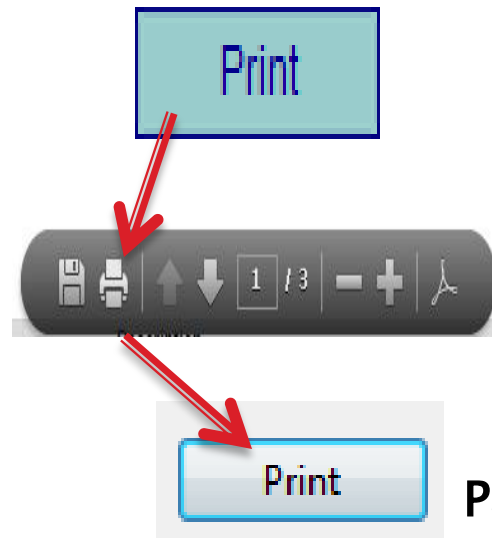
View Level Of Care Determination

Evaluation of need for an ICF-MR Level of Care and Eligibility for the DD Waiver Consumer **Mouse, Minnie M**

Determination Type: ☒ Initial ☐ Redetermination ☐ Significant Change Determination Date:

Print **Edit**

- Option to print



Page Size & Handling: *Fit

Support Coordinator Supervisor Signature

- Once Support Coordinator selects SAVE an email is automatically generated to Support Coordinator Supervisor
 - Anytime SAVE is selected the Team Supervisor receives an email
 - If reviewing only / no changes select CANCEL

Support Coordinator Supervisor Signature

➤ Upon receipt of email, SCS reviews
LOC

➤ CIMOR

➤ Screenings

➤ LOC tab

➤ View current LOC determination → Edit

➤ If incorrect, SC notified by SCS

➤ If correct, SCS enters date in Date Reviewed field

TEAM SUPERVISOR (Regional Office or Other TCM
Provider) (This states that appropriate tool was used)

Porky Pig

Date Reviewed

Waiver Requirement

- As the operating agency for the waivers, DMH DD staff must approve LOC's completed by other TCM entities
- RO approval indicates:
 - All LOC CIMOR information is complete
 - Based on LOC CIMOR information provided the person is eligible for the waiver

RO Report

- Each Monday a report will be sent to Regional Office Assistant Directors
 - List ALL LOCs with a Team Supervisor signature date
 - RO review required for other TCM entities
- ❖ Regional Office Approval of Determination signature field
 - ❖ Due to report compilation and information submitted to MO HealthNet on CMS LOC assurances the signature field must be completed on ALL LOCs

RO Signature

- Upon receipt of report, A.D. / designee reviews LOC
- CIMOR
 - Screenings
 - LOC tab
 - View current LOC determination → Edit
 - If incorrect, SCS notified by RO
 - If correct, RO staff enters date in Date Completed field

REGIONAL OFFICE APPROVAL OF DETERMINATION (For
other TCM Providers)

Fiddler Pig

Date Completed

04/20/12

Edit Mode

- Update all fields except:
 - Determination Type
 - Determination Date
 - If either of these are incorrect then must be deleted
 - Contact Trina @ 573.406.6606 or Trina.Cookson@dmh.mo.gov

Edit Mode

- If update II.B. Active Treatment Program from “yes” to a “no” this will clear out Limitation field information
- Also automatically change III. ICF/MR services to a “no” and clear out text box field
- If update is correct select SAVE but if incorrect select CANCEL

Notifications

- Data Central Reports to track LOCs due
 - SC completes LOC determination in CIMOR
- SCS notified via email when SC saves LOC determination
 - SCS approves LOC
- RO Assistant Director will receive a weekly report based on SCS review date
 - First report emailed July 9

Monitoring LOC in CIMOR

- ▶ *LOC Due or Expired* Report available on Data Central Reports (DCR)

<http://datacentralreports.dmh.state.mo.us/Default.aspx>

- Lists LOCs due in the current month or coming due in the following month, e.g., a report ran in February will show LOCs due in February and March
- Lists LOCs which have expired (CIMOR indicates the last LOC was completed more than 365 days ago).

LOC
Completed

- Completed by SC annually / 365 days

LOC Reviewed
by SCS

- SCS receives an email when SC saves LOC

LOC Reviewed
by RO

- A.D. will receive a weekly report



LOC Sequence of Events